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BIBDATASHEET

CONFIRMATION NO. 8195

Bib Data Sheet

SERIAL NUMBER 09/100,100	FILING DATE 06/19/1998 RULE	CLASS 705	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. RLIS
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APPLICANTS

JAMES E. ROSS JR., SAN ANTONIO, TX;

WILLIAM J. LYNCH, SAN ANTONIO, TX;

** CONTINUING DATA *****

This application is a DIV of 08/676,458 07/08/1996 PAT 5,823,948

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 07/09/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
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ADDRESS

MARK JOY
LEYDIG, VOIT & MAYER, LTD
TWO PRUDENTIAL PLAZA
SUITE 4900
CHICAGO, IL
60601-6780

TITLE

MEDICAL RECORDS, DOCUMENTATION, TRACKING AND ORIGIN ENTRY SYSTEM

FILING FEE RECEIVED 630	FEES: Authority has been given in Power No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/100,100	06/19/98	600	3736	RLIS

APPLICANT

JAMES E. ROSS JR., SAN ANTONIO, TX; WILLIAM J. LYNCH, SAN ANTONIO, TX.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A DIV OF 08/676,458 07/08/96 USPAT 5,873,948

[Signature]

****371 (NAT'L STAGE) DATA*******

VERIFIED

[Signature]

****FOREIGN APPLICATIONS*******

VERIFIED

[Signature]

FOREIGN FILING LICENSE GRANTED 07/09/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
Verified and Acknowledged		Examiner's Initials	Initials		

ADDRESS

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TITLE

MEDICAL RECORDS, DOCUMENTATION, TRACKING AND ORDER ENTRY SYSTEM

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of ne) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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